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To:
Division of Corporations
Fax Number : (950)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

kendall endodontics, pllc

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

KENDALL ENDODONTICS, PLLC

ARTICLE I

**The name of the Limited Liability Company shall be: KENDALL
ENDODONTICS, PLLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company: 9950 SW 107TH AVENUE, SUITE 201,
MIAMI, FL 33176.**

ARTICLE IV

**THE PURPOSE OF THIS COMPANY:
ALL BUSINESS RELATED TO DENTISTRY.**

ARTICLE V

**The name and the Florida street address of the registered agent:
JOSE DIAZ, 9331 SW 100TH AVENUE ROAD, MIAMI, FL 33176.**

ARTICLE VI

The name of the Managing Member(s) shall be:

**MANAGING MEMBERS
JOSE DIAZ**

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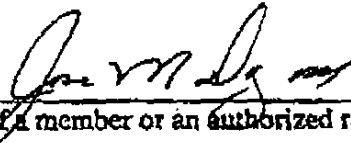
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

Kendall Endodontics, PLLC.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties; and I am familiar with and accept the obligations of my position as registered agent.

Jose Diaz
Registered Agent



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jose Diaz
Typed or printed name of signee

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